



## **UST and SAF Bulletin**

Arizona Department of Environmental Quality

**Subject: State Assurance Fund, Applicant Certification Statement**

**Effective: 8/25/04**

**Item: 04-12**

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### **TYPE**

Provisions of SB 1306 Impacting State Assurance Fund Applicants

### **BACKGROUND**

- Senate Bill 1306

In order to implement SB 1306 attached is the new State Assurance Fund Certification Statement to be used by all applicants from and after August 25, 2004 for applications submitted to the State Assurance Fund.

### **CONTENT**

See attached Certification Statement

### **CONTACT:**

Judy Navarrete, [navarrete.judy@azdeq.gov](mailto:navarrete.judy@azdeq.gov)

11. CERTIFICATION STATEMENT

**Instructions:** This certification statement must be signed by the applicant. All signatures must be original and notarized. No reproduced or copied signatures will be accepted.

**Certification:** I hereby certify that I have reviewed the attached invoices or work plan cost estimates in the amount of \$ \_\_\_\_\_. I certify that any costs invoiced including the co-payment for corrective action have been paid by me, or I have agreed to pay those remaining costs as demonstrated in an existing agreement.

I agree to report to the Department any payment or reimbursement from insurance to me (applies to owners or operators only) or my consultant, representative or agent for corrective actions costs included in this application. I certify that my consultant, representative, agent or I have not been reimbursed by insurance for the corrective actions that are the subject of the application.

I further declare under penalty of perjury that all facts and statements set forth as part of this application are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary Public Signature  
\_\_\_\_\_  
My commission expires  
County of \_\_\_\_\_ State of \_\_\_\_\_

A. Name(s) to appear on the payment warrant\*: (please specify name, company or organization):

\_\_\_\_\_

B. Address where warrant is to be sent:

\_\_\_\_\_

C. Social Security Number or Employer Identification (Federal Tax) Number of the payee.

\_\_\_\_\_

S.S.N.

\_\_\_\_\_

E.I.N.

\*If the payee is not the applicant, this indicates the applicant's assignment of payment for this application from the State Assurance Fund.